

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4215NSP	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2009
NAME OF PROVIDER OR SUPPLIER PREMIER HEALTHCARE SERVICES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 EAST FLAMINGO SUITE W253 LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure focused survey conducted in your facility on 09/15/09, in accordance with Nevada Administrative Code, Chapter 449, Nursing Pools.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Twenty five employee records were reviewed.</p> <p>The following regulatory deficiencies were identified:</p>	P 000		
P 042	<p>449.7471 LICENSE REQUIRED</p> <p>Section 10 No person, state or local government, or agency thereof, may establish, conduct or maintain in this state a nursing pool without first obtaining a license from the health division. This Regulation is not met as evidenced by: The agency failed to display a current nursing pool license.</p> <p>Scope - 1 Severity - 2</p>	P 042		
P 051	<p>449.7474 DUTIES OF LICENSEE OR APPLICANT</p> <p>3. A licensee or applicant for a license shall adopt policies, including policies relating to the care of patients, and bylaws for the</p>	P 051		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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P 051	Continued From page 1 nursing pool. The bylaws must be written, revised as needed and made available to the health division. The bylaws must contain not less than the following: (a) A description of the persons to whom responsibilities for the administration and supervision of the program and the evaluation of practices may be delegated, and the methods by which the licensee or applicant will hold those persons responsible. This Regulation is not met as evidenced by: Based on interview and observation, it was determined that the facility has no written policies regarding the operation of the Nursing Pool Scope - 1 Severity - 2	P 051			
P 072	449.7477 PERSONNEL POLICIES:MANITENANCE A nursing pool shall maintain written policies concerning the qualifications, responsibilities and conditions of employment for each category of personnel, including licensure when required by law. The written policies must be reviewed as needed, made available to the members of the staff of the nursing pool and provide for: 3. Maintenance of a current record of the health of each member of the staff. This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities and facilities for the dependent: Placement and care of cases and suspected cases; surveillance and testing of	P 072			

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P 072	<p>Continued From page 2</p> <p>employees.</p> <p>3. Before initial employment, a person employed in a medical facility or a facility for the dependent shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Mantoux tuberculin skin test, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has no documented history of a 2-Step Mantoux tuberculin skin test and has not had a single Mantoux tuberculin skin test within the preceding 12 months, then a 2-Step Mantoux tuberculin skin test must be administered. A single annual Mantoux tuberculin skin test must be administered thereafter.</p> <p>4. An employee with a documented history of a positive Mantoux tuberculin skin test is exempt from screening with skin test or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive skin test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive therapy must be offered to a person with a positive Mantoux tuberculin skin test in accordance with the recommendations of the American Thoracic Society and the American Lung Association set forth in "Tuberculosis: What the Physician Should Know."</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis</p>	P 072		

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P 072	<p>Continued From page 3</p> <p>or a positive tuberculin skin test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medial facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>The employee records lacked documented evidence that 5 of 25 staff members had received a two step(TB) skin test (Employees #1, #2, #8, #12 and #14).</p> <p>Scope - 2 Severity - 3</p>	P 072			

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